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Bib Data Sheet

CONFIRMATION NO. 8862

<b>SERIAL NUMBER</b> 09/922,827	<b>FILING DATE</b> 08/06/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 32262.	
<b>APPLICANTS</b> John B. Boden, Lighthouse Point, FL; <i>JB</i>					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/223,140 08/07/2000 <i>JB</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/13/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>JB</i>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 40	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 8
Verified and Acknowledged Examiner's Signature <i>JB</i> Initials <i>JB</i>					
<b>ADDRESS</b> John M. Del Vecchio Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo, NY 14203-2391 <i>JB</i>					
<b>TITLE</b> System, method, and computer program product for assisting caregivers <i>JB</i>					
<b>FILING FEE RECEIVED</b> 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		